CACFP FIELD TRIP REQUEST

Field trip meals that are not approved cannot be claimed. It is recommended that requests be mailed or faxed in at least one week prior to field trip for approval. To be filed along with other monthly CACFP records.

TO:	USOE/Child Nutri	tion Programs	
CENTER NAME:			Agreement #
on (date)	(Time)	a.m./p.m. and will se	rve (circle one) Breakfast,
AM Snack, Lunch, P.	M Snack, Dinner, I	Evening Snack. We plan t	o serve the following meal
components:			
Milk			
Meat/alternate	e		
Fruit/vegetabl	le		
Fruit/vegetabl	le		
Grains/breads	s alternate		
If the meal requires n maintain a proper coo		ble items, the following m	ethod will be used to
Hand washing faciliti	ies provided:		
Child Nutrition Programs Approving Signature			Date